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ABSTRACT

Outlined are some models for educational programing for elementary school children with learning problems. Briefly covered are such topics as referral, parent conference, screening, and child finding. Program models are presented for three options: itinerant teaching, resource teaching, and use of a consultant/diagnostitian. Listed are the following program option components: inservice teacher training, inservice for non-academic teachers, indepth retraining, cooperative inventory of materials, centralized materials center, certified supplementary personnel, non-certified supplementary personnel, peer teaching, and diagnostic teaching. (IM)

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ALTERNATIVES IN PROGRAM DEVELOPMENT FOR EXCEPTIONAL CHILDREN

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INTRODUCTION

All children are unique, with unique needs; all schools are unique and all communities too are unique. To design one program or one curriculum to serve all exceptional children in all schools is neither practical nor educationally sound. This paper contains a variety of components and options that you may use to enhance your program; choose those that best fit your needs.

This paper is the compilation of many special educators' experiences and does not reflect the ultimate in program development concepts; only a few of the tried and true. The next step is yours.

PREFACE

Before one can decide or even contemplate different models, there must be some decisions made in regard to philosophy and priorities:

1. Some services to all vs. all services to some.
   a. age wise, grade wise
   b. geographical
2. Emphasis placed on a particular age level.
3. Hiring of more, less qualified and experienced teachers vs. hiring of a few or one highly qualified person.
4. Services to professional will be:
   a. directly to child
   b. indirectly to child through a regular teacher
   c. combination of both - what ratio
5. Services of professional will be:
   a. specific child oriented
   b. inservice to regular teaching oriented
6. Most important statement is what is the basic philosophy of your program (i.e., developmental, remedial, compensatory, etc.)
7. As this is just a beginning and the program developed is not optimal, it should be stated what the optimal programming you are striving for is and what your time table will be.

POSSIBLE MODELS FOR PROGRAMMING

The following delivery of service options have been designed to serve those elementary age children who are not achieving at a level commensurate with their mental age because of the following characteristics.

> Deficits in the essential learning processes of perception, conceptualization, language, memory, attention, impulse control, or motor function.
>
> Major educational maladjustment and service learning problems related to social-cultural circumstances, and/or behavioral patterns that are significantly deviant from the accepted norm in their environment.

These children, despite their unique learning problems, should be able to benefit from most of the activities found in the regular classroom.

Referral:

Option I

A referral form is developed that reflects information in the areas of academic achievement, social behaviors, medical information (including current vision and hearing screening), and anecdotal comments from anyone involved with children. This form is signed by the student's teacher and sent to the principal. He in turn sends it to the special education director. The director in an Intake Conference (including psychologist, school social worker, or guidance counselor, school nurse, and special education consultant) determines the persons responsible for gathering additional data, coordinating the case study, and setting up the case study conference.

Option II

A teacher makes a written request for a pre-referral staffing. This request must include a brief statement of the problem, incorporating at least two areas of concern, This written request is given to the principal. He is responsible for setting up this meeting. Persons in attendance at this meeting must include the principal, teacher or teachers involved with the child, and one special education person. Other persons that should be included as available are: school nurse, speech therapist, school psychologist, school social worker, and special education consultant.

The purpose of this conference is:

1. To clearly delineate the behaviors, academic and social, that describe the child. (Both strengths and weaknesses must be included.)
2. To determine if a referral for special services is in fact necessary. (Use the afore-mentioned characteristics as criteria.)
3. To determine what additional information is needed to plan an effective educational alternative. (Child study.)
4. To appoint a person to take charge of coordinating the child study and setting up the child study conference.
5. To appoint persons to be responsible for collecting data and presenting same at child study conference.
6. To provide child's teacher with some techniques, materials, and methods of adjusting the curriculum for that child.

Child Study:

This evaluation is for the purpose of developing a functional profile of the child that will facilitate educational programming and planning. It shall include:

1. Social-developmental history
2. Medical history
3. Vision and hearing screening
4. Indepth educational/developmental evaluation (Not just a reading evaluation)

Child Study Conference:

This is a multi-disciplinary conference. The participants of this conference shall include all those persons involved with the child or with the gathering of data for the child study and all persons that might, as the result of the conference, be involved in the educational program of the child. The purpose of the conference shall be to:

1. Develop a profile of the child's learning characteristics, sensory and motor skills and behaviors.
2. Outline the child's unique educational needs.
3. Describe those aspects of the regular program that can serve the child.
4. Describe the nature and degree of special intervention necessary.

There cannot be any alternatives for the Child Study and the Child Study Conference as these are the crux of any educational planning.

Parent Conference:

Although the parents must have been involved with school personnel during the child study, it is after the conference that it is imperative that they become fully aware of the finding of this conference. They should be given every opportunity to understand all the implications of their child's problem. They also should be made aware of the different programs available in their area. Finally, they must understand the program recommended for their child, know why it was recommended, and have the opportunity to accept the proposed plan or present another plan that they might feel to be better.

It is at that point, where the parents and the school can agree on an educational plan for the child, that the actual implementation of the adopted educational program can begin.

Screening and Child Finding:

If one accepts the premise that prognosis for children with learning problems is in direct ratio to the age of intervention (i.e., the earlier you help the child the better his prognosis), then it would appear that to wait for that point at which a child is failing so drastically to necessitate a teacher referral, is only to serve children who have a poor prognosis. It would also appear to be advantageous for a school to seek out those children who are just beginning to evidence problems.

Option I

Have Kindergarten and first grade teachers rank their children in terms of:

1) Their ability to perform at grade level
2) Their ability to behave in acceptable ways

The low 10% of these ranking should then be placed in the referral process level. Any child being considered for retention must be referred.

Option II

Although teacher observation and impressions have proven to be highly valid, some children might be overlooked! Screening all children with a reliable and valid formal battery of instruments can also point out those children who have difficulties and/or might have difficulty in the near future. Such screening may be carried out at the:

1) pre-kindergarten level (i.e., at Kindergarten registration in the spring of just prior to kindergarten in August)
2) kindergarten level (i.e., about mid-year)
3) pre-first grade level (i.e. end of kindergarten level)
4) first grade level
   a) beginning of year or
   b) mid-point of year

Option III

The use of both Option I and II will probably be the most effective means of identifying all children that are or will be having learning problems.

Program Models:

Option I: Itinerant Teaching

This type of program places the professional on the road a great deal of time. It could require duplication of materials from school to school. The itinerant spends less than ½ day in any given school building. This teacher does not have a commitment to any building and often feels isolated or left out.

This program does, however, keep children in their home schools. It also, usually, provides for an instructional teacher:pupil ratio of one to one.

This is a program that moves the teacher, not the child. Because of that, if mileage between schools is great, total case load will probably have to be lower than ten. It is highly unlikely that an itinerant will ever be able to carry a class load of more than ten.

It is necessary in programs such as this to:

1) allow time for consultation with teachers on a regular basis.
2) allow time, after school, for planning, parent conferences, and child study conferences.
3) allow time for travel.
4) allow time for diagnostic work (if teacher is qualified).
5) schedule children for no less than 3 days per week, ½ hour per day.
6) attempt to group children with like problems--however, there must be some individual work and no group should exceed three children.

This type of program can be staffed by a minimal-trained and/or inexperienced professional, as it does not require a high level of diagnostic decision making. If, however, this type of personnel is utilized, consistent, high level, consultative services and supervision must be made available.

Option II: Resource Teaching

This option is again a direct service to children model. The basic difference between this and itinerant program is that the teacher remains in one school building at least half of the school day. Preferably, the teacher is only assigned to one school. There is less duplication of materials. Little or no travel is required. The teacher can identify with a school and its staff.

However, until such point as every building has a resource teacher, children will either have to be bussed to the nearest school with a program or will remain in their home school and be penalized by receiving NO services.

If the teacher is only assigned to one school and the children placed in the program are determined for ease of grouping there is a good possibility that the program could serve fifteen children. This would mean that each child would receive some small group instruction (size of group 3-5) and some individual instruction. At the onset of the program, every child should receive at least one half hour of instruction three days a week. This is not, however, a maximum. This program will allow for more and longer instructional contacts as the needs of the child indicate. Less than 3 days a week of instruction will result in marginal gains. When a child has reached the objectives set forth, there is the option, however, of a weekly maintenance instructional period or an occasional crisis/support opportunity. Neither of these options is feasible or economical in an itinerant program.

In this type of program, it is necessary to allow time for:

1) teacher consultation and coordination
2) planning
3) parent conferences
4) child study conferences
5) diagnostics (if teacher is qualified)

These programs can be staffed by a minimally trained and/or inexperienced person if there is sufficient highly trained consultative and supervisory support available.

Option III - Consultant/Diagnostician

This is a role or job description. Basically, this program does <u>not</u> provide direct special education service. This type of program can and does reach more children. It is very difficult to estimate on this, but a conservative guess would be fifty children per year will be helped by the assistance given to their regular teacher by a consultant/diagnostician.

This role required a high degree of specialization in the dynamics of human learning. It requires the ability to focus upon the multiple areas of setting criteria, methodology, assessment, curriculum, evaluation, and creativity in teaching. Of particular importance is the expertise for choosing materials and defining remedial strategies. There also is the responsibility for problems in grouping, homogeneity, critical evaluation of teaching methodology and assessment techniques to denote child progress.

The consultant should be directly involved in establishing criteria for selection of children for enrollment in special programs. He or she must be included in the decision of what formal and informal instruments will be used for the educational evaluation. This person will probably be responsible for most educational evaluations and the determination of the need for psychological evaluations. Of more importance is the educational prescription and the ongoing consultation with the teacher carrying out the prescription.

Optimally, there should be several special resource and/or itinerant teachers to work with the more severe children and only the moderate problems would be served totally in the regular program. However, as an interim step this person could be used as the only service. To this end her availability to do indepth diagnosis and frequency in classroom consultation would be diminished. She would have to develop other means of consultation for the mild problems, i.e., phone. She would have to be skilled in making educational diagnosis from teacher observations and psychological information. This would require a series of inservice programs for the regular teachers so that they may give the necessary input into the child study conference. It would also require inservice for the regular teachers to help them to understand some of the behavioral characteristics of learning problems and some of the curriculum adaptations that they can standardly use.

This type of role would necessitate the consultant being included in all child-study conferences. It would be beneficial for her to attend all pre-referral conferences too; however, this will be contingent on the size of her area of responsibility.

To fully utilize this type of person, all conferences and consultations cannot be held in the traditional fashion, after school. The regular teaching staff will have to be given time away from their class in which to attend conferences, have direct consultation, and/or have telephone consultations.

It must be clearly understood that this is not an administrative position. If a child-study conference finding indicates other than the services of the consultant, the consultant must immediately become disinvolved. It is the tendency of special education districts, when they find a good consultant, to turn all responsibilities over to him. This will dilute his or her effectiveness and destroy the concept of service to children.

Program Option Components:

The following are components which can be utilized in any of the three aforementioned options. These will increase the effectiveness of your program and in some cases reduce the cost. It must be emphasized that these cannot be looked upon as options in themselves, but rather, additional services that can be plugged into a program.

Component I: Inservice

Many teachers would be happy to adjust the curriculum for the class to meet the needs of more children if they knew how. The pre-referral conferences and the child study conferences serve the purpose of informal inservice but the effect ishaphazard. Everyone will not receive the same inservice information. Teachers should be made aware of types of problems they find in their classroom and the implications of the problems. They also must be made aware of the things that they can do to assist the child to learn. These inservice programs should be formalized, available to all, systematic, and of long enough duration, with follow-up to make them worthwhile. Of utmost importance is to keep away from the philosophical and idealistic model and concentrate on the everyday classroom activities.

Component II: Inservice for Non Academic Teachers

Many of the developmental problems found in the type of children we will be serving by this proposal could be helped by other than the classroom teachers, i.e., P.E. teachers, art teachers, music teachers, etc. But, first, these people need to be made aware of the needs of these special children and how their area expertise can assist, i.e., music, auditory discrimination and memory. A consultant cannot write educational prescriptions for these people if they do not have a basic level of understanding. Quite often these people can then develop adaptive classes that children can be scheduled into without any formal evaluation.

Component III: Inservice, Indepth Retraining

Many of the best special education resource teachers are those who have had regular classroom experience, know the school administration and philosophy, and have commitment to the community. Special Education staff in conjunction with a university can provide indepth training to selected people to attain special education approval or certification. This will take approximately 2 years, will require some additional expense by the local districts and/or the teachers but will assist in the meeting of the stated goal of "a resource teacher in every building." There is the possibility that an E.P.D.A. grant could be written to achieve this end and/or that Illinois Office of Education could provide some additional personnel to assist in the retraining.

Component IV: Materials, County or Cooperative Inventory

Any school district can find educational materials and equipment that are not being maximumly used simultaneously with their need for additional items the budget cannot afford. How much more effective it would be to make known what is available throughout an area and then cooperatively share. This project would require a level of cooperation not usually present intra-district-wise. It would also require a high level coordination initially. For that reason it should be initiated and coordinated by an agency that encompasses the area involved, such as an Educational Service Region or a special education cooperative.

Component V: Materials, Centralized Materials Center

Again to allow a materials center to be effective, it must be controlled by the E.S.R. or special education district. This of course would require an expenditure of money for obtaining the materials, but it would be assumed that a consultant would rely heavily on this to assist her in providing classroom teachers with appropriate curriculum adaptations. There is the possibility that local districts would sell, to this center, some of their less-used equipment. If the coordinating agency had an inventory of all the district-owned materials, and, in utilizing the retrieval system, knew what materials were involved in it, they could then just supplement the districts in terms of the retrieval system, thus eliminating duplication.

Component VI: Supplementary personnel, Certified

Given a well-written education prescription and the supervision of a highly-trained special educator, a teacher certified in elementary education could carry out a remedial program on a 1:1 ratio with some of the more severe cases. This could be best worked out by hiring teachers by the hour to work with 1 or 2 children in the neighborhood school. They would not be allowed to do anything not written in the prescription. They would not be tutors; in other words, they would not be helping with homework. They also would not be paid for travel nor should they be traveling between schools.

Reimbursement arrangements would have to be worked out, but it would probably be handled somewhat like home and hospital tutors.

Component VII: Supplementary personnel, Non-certified

To date, we have not utilized our paraprofessional and volunteers maximally. Given good prescription, inservice training, and supervision, plus direct supervision by a regular teacher, non-certified personnel can be an asset to a special education program. Some of the activities best suited to this arrangement are:

1) Supplementing the instruction given by an itinerant or resource teacher, especially in "Blocking" program. (See Component VIII)

2) In Social Studies, Science, etc; reading tests, etc., to child so that he gets the concepts or taking dictation from a child for proof of knowledge gained. (i.e., tests and reports)

3) Doing programmed developmental training to small groups of kindergarteners or 1st graders (i.e., Peabody Language, Kephart Motor Training, etc.)

4) An aid for the speech and language therapist would also be valuable.

At the present, instructional aids are required to have 30 semester hours of college work. In many cases, these people are hard to find. Once again, Community Colleges, Illinois Office of Education and other resources should be explored.

In using volunteers, there is need for coordination by an administrator in the local building and also coordination by someone in the special education districts. When utilizing volunteers, they must be carefully screened and have an understanding of the need for consistency. These volunteers must have some commitment to their role and responsibility.

Volunteers can be obtained from:

1) Colleges and Junior Colleges in the area
2) Schools of Nursing
3) Parents of special education children
4) Churches and women's service groups
5) PTA's

Component VIII: Peer Teaching

This type of programming of professional time is being used in some areas of the state for learning disability services and speech and language services. The concept of it is to service children on a concentrated but short time basis and then provide follow-up and continuation of service by some one other than the special educator.

A sample blocking program would be as follows:

A special education teacher is assigned to one building for approximately eight weeks. While in that building she sees between 6 to 8 children. (Number depends on severity of problems and the homogeneity of the children for grouping.) She works with all the children 4 days a week approximately thirty minutes individually and thirty minutes in a small group (3 to 5). On the fifth day she is responsible for training available people to carry out a continuation of her program for a child. (This does not mean that an aid or volunteer will take over her class.)

In other words, the special educator will write a prescription for an individual child that can be carried out by:

1) his regular teacher
2) his parents
3) a paraprofessional (See Component VII)
4) a volunteer (See Component VIII)
5) a peer teacher (See Component IX)

and she trains these people to carry out the prescription. On the fifth day she is also responsible for following-up on children seen in previous blocks.

This concept stresses intense, indepth programming with the assumption that the child will show a rapid increase in his growth pattern during that period. Consequently, the children best served in this type of program are those primary-aged children who have not acquired the emotional and behavioral overlays that accompany continual failure and frustration.

This component should only be used in conjunction with component seven or eight and will probable take a teacher with at least one year of special education experience. It will also require a commitment from the local school personnel to carry through on the program.

Component IX: Diagnostic Teaching

This component is usually found in the child-study section. However, it requires a resource type setting to be truly effective. Thus, diagnostic teaching was made a less important component in this paper.

There are times when the formal battery of diagnostic instruments and the case study conference bring forth inconclusive results. There are also situations when the time span between referral and educational program is excessively long. In such cases, it is possible for a resource teacher to see a child, without an eligibility and placement statement, in a diagnostic teaching situation. A teacher may only see 2 children diagnostically in any concurrent six-week period and at no time may diagnostic teaching of a child be carried beyond a six-week period. At the end of six weeks there must be a child study conference held and a decision made regarding educational programming and placement.

This type of component would need a teacher who has had at least 1 year of special education experience. It can be a very valuable component to a resource program if not used indiscriminately.

Program and Individual Evaluation:

It is always important to know where we are going, how else will we know when we have arrived. We must also know the means to this end.

Before any program is instituted certain board objectives must be stated together with the evaluation techniques to be used. Program evaluation should take place yearly.

Before a child is placed in any special intervention program, behavioral objectives and evaluation criteria must be outlined for his educational program. Evaluation of these objectives should be ongoing. At the end of each academic year, each child should have a complete child-study review conference at which it is determined:

1) if the individual objectives have been met
2) if the child's educational program has been successful
3) what objectives are to be established for the coming year
4) what the educational plan for the coming year will be

No child should be continued in any adaptive curriculum for over one year without a total updated child study review.

Physical Facilities

The different program options have different space and equipment requirements.

A program with full-time paraprofessionals and volunteers might need a full-size classroom where 2 or 3 people might function independently.

A resource and/or an itinerant teacher with no other personnel would be able to carry out their program in a half-size classroom or large office. This program could share a large room with the speech therapist or the reading teacher. Different itinerants, with some logistical manipulation, should be able to share the same small room.

Another area of the school that can be utilized by resource teachers, itinerant teachers, paraprofessionals, and volunteers is the learning center. Here one finds all the equipment and materials and given a small corner or a small office, one-to-one instruction and supervised independent work can be carried out quite successfully.

It must be cautioned that there have been instances where itinerant programs have been placed in settings that were not conducive to learning. It would be better not to do anything than to subject the child and the teacher to these kinds of physical settings. An itinerant person would be better off working in the back of an existing classroom than in the boiler room!

The purpose of this paper was to explain certain components and options that could be used in developing a comprehensive special cross-categorical program. The writer is fully aware that all the various of components have not been explained in this paper, nor are all the components explained feasible in different districts. It is hoped, however, that this paper will show the flexibility that Illinois Office of Education can allow for developing programs.